



12-19-05

RCO/622
JPW

Atty. Dkt. No. 036481-0135

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Joel R. Haynes et al.
Title: Adjuvanted Genetic Vaccines
Appl. No.: 09/433,777
Appl. Filing Date: 11/3/1999
Examiner: A. M. S. Wehbe
Art Unit: 1632

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
EV 423500181 US	12/16/05
(Express Mail Label Number)	(Date of Deposit)
Jane Herold	
(Printed Name)	
<i>Jane Herold</i>	
(Signature)	

REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. § 141, or the commencement of a civil action under 35 U.S.C. § 145 or § 146 (unless the appeal or civil action is terminated).

1. Submission required under 37 C.F.R. § 1.114: (check items that apply)

Enclosed are:

- ☒ [X] RCE Submission Under 37 CFR 1.114
- ☒ [X] Information Disclosure Statement.
- ☒ [X] Form PTO-1449 with copies of 16 listed reference(s).
- ☒ [X] Supplemental Application Data Sheet.

12/19/2005 FMETEKI1 00000021 190741 09433777

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The filing fee is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Fee Totals
RCE Fee 1.17(e):				\$790.00	= \$790.00
Total Claims:	30	- 43	= 0	x \$50.00	= \$0.00
Independents	3	- 4	= 0	x \$200.00	= \$0.00
First presentation of any Multiple Dependent Claims:				+ \$360.00	= \$0.00
CLAIMS FEE TOTAL:					= \$790.00

[X] Please charge Deposit Account No. 19-0741 in the amount of \$790.00. A duplicate copy of this transmittal is enclosed.

[X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date December 16, 2005

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Customer Number: 22428
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By V.S. Nolan
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